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# FIFTEEN YEARS OF HIGHER AND SECONDARY EDUCATION IN HEALTH AFFAIRS

By Dr. Ferenc Bartha

- HUNGARY--









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# FIFTEEN YEARS OF HIGHER AND SECONDARY EDUCATION IN HEALTH AFFAIRS

- Hungary -

[Following is the translation of an article by Dr.Ferenc Bartha in Nepegeszsegugy (Public Health Affairs), Vol XLI, No 4. Budapest, Apr 1960, pages 102-108.]

The liberation brought far-reaching changes in health education, as indeed in all aspects of the life of our country and people. The 15-year development of health education, as an organic part of the over-all national development, reflects the achievements springing from the devoted efforts of our people, as well as the minor and major deficiencies characterizing the process of socialist building in general.

Prior to the liberation, tremendous discrepancies existed between the standards of basic and postgraduate medical training and secondary health education. While basic medical training maintained high standards at all times, planned postgraduate training and secondary level training were practically non-existent. The quality of basic medical training originated from the many eminent scientists teaching in the various departments of the medical schools, representing the forces of progress, among them such personages as Sandor Koranyi, the pride of the medical profession. Although the variety of a fascist system fostered by the Horthy regime scored successes in ousting progressive forces, by the end of World War II even those who for a while succumbed to chauvinistic slogans and social demagogy grew disillusioned. Their disillusionment came about as a result of the increasing brutality of undisguised fascism. The majority of the intelligentsia, already bereft of hope in the Horthy regime but distrustful toward the liberation, was now set to the task of restoring the country from its ruins and to take up teaching in the universities.

The fascists, toward the end of the war, stripped the universities, not too richly equipped to begin with, of all valuable equipment in addition to having caused the destruction of the buildings of the University of Budapest Medical School.

But even more difficult than restoring the buildings and replacing equipment was the ideological re-education of professors and students, winning them over to the cause of building a new country. The victory of the Soviet Army, acquaintance with the Soviet people, the various aid programs extended by the USSR, especially in the field of health services,

the proper policies of the Party, the establishment of good relations between the working class and the universities, had been the factors that convinced many that the chances of betterment and of future progress are offered only by socialism.

In comparison to pre-liberation conditions, higher education in health affairs shows tremendous progress, even though, as in other branches of health affairs, there is a lag as compared to other sectors of the people's economy. The prodigious development of medical schools is reflected in Tables 1 and 4:

Table 1.

| | Years | | | | |
|---|---|---|---|---|---|
| | 1938 | 1945 | 1950 | 1954 | 1959 |
| Medical Schools: | | | | | |
| Number of theoretical institutes | 43 | 43 | 50 | 65 | 68 |
| Number of clinics | 40 | 41 | 48 | 55 | 62 |
| Total . . . | 83 | 84 | 98 | 120 | 130 |
| Number of hospital beds | 3767 | 3462 | 4565 | 7071 | 7861 |
| Number of all staff | . | . | . | 6595 | 7966 |
| Number of instructors | 1163 | 967 | . | 1587 | 1866 |
| Number of students; | | | | | |
| in medical schools | 1448 | 4045 | 3739 | 4319 | 5158 |
| in pharmaceutical schools | 152 | 372 | 597 | 878 | 857 |
| in dentist schools | - | - | - | 145 | 431 |
| Total . . . | 1600* | 4417* | 4336* | 5342 | 6446 |
| Number of women students | 297 | . | . | 2260 | 2972 |
| Number of participants in scientific student organizations | - | - | . | 496 | 744 |

*One to fifth year medical students only

Table 4.

| | | Years | | | | |
|---|---|---|---|---|---|---|
| | | 1938 | 1945 | 1950 | 1954 | 1959 |
| Assistance given to students: | | | | | | |
| Scholarship and regular community assistance . . . . . | person | . | . | . | 4327 | 4540 |
| | percent | . | . | . | 81.0 | 70.4 |
| Given board . . . . . | person | . | . | . | 2732 | 3628 |
| | percent | . | . | . | 51.1 | 56.3 |
| Given room and board . | person | 485 | | 608 | 1699 | 1706 |
| | percent | 30.3 | | 14.0 | 31.8 | 26.5 |

Socialist construction brought about radical changes in the organization and philosophy of medical training in addition to such improvements as the expansion of institutions, the growth in the number of students and professors and the proportion of women, the significant improvement of the students' living standards, etc.

In pre-liberation days, the institutes of the universities were poorly equipped and reflected the anarchic, semi-colonial conditions characteristic of capitalism. Clinical practice as well as scientific research were rigidly divorced from the everyday problems of health care. Student admission was governed by economic considerations rather than by actual need. There was very little organizational coordination between medical and pharmaceutical training. The financial situation of the peasant and working classes barred them from entering lengthy and costly professional training. Two thirds of the instructors worked without pay and had to depend on tips from patients. The state budget contained only meager allocations for scientific research. Training was highly abstract and theoretical. The so-called "academic liberty" meant on the one hand that there were vast discrepancies in the programs and standards of the different schools, on the other that 50 to 60 percent of any class did not complete training within the required six years but stretched out their attendance to eight or even ten years. Idealist concepts were widely held. University student organizations were composed of the representatives of the ruling classes, their activities governed by fascist, clerical, nationalist and chauvinistic ideological trends. The feudal-capitalistic features of higher education could not at once be eliminated. After the liberation, in 1945-46, ousting of the anti-democratic element was completed, while the enforcement of bourgeois democratic principles required considerable struggle. During that phase no socialist reorganization took place. Although the economic barriers for worker-peasant youth no longer existed, their proportion was low even in the secondary schools, and consequently few qualified for higher education. As a result, the bourgeois and petit-bourgeois influence was rather strong in the institutions of higher learning when the year of change occurred which marked the beginning of socialist construction.

As a first step in the socialist development of universities, the undisputed leading role of the Party and the socialist state had to be established. Beginning in 1948, true to the interests of the working classes, large numbers of worker-peasant youth, graduating from accelerated secondary schools, had been admitted and their numbers grew yearly. While the shift in class composition among the students was rapid, the same process was necessarily much slower among the faculty (Tables 2. and 3.).

As early as 1948, attempts were made to introduce a stricter academic order; the reform of medical and pharmaceutical training -- drawn up in 1950 and made mandatory in 1951 -- was needed to impart the decisive impulse to socialist development in the universities.

The reform had been designed to serve a dual goal: first, the acceleration of socialist development; second, modernization of the medical sciences as well as easing the academic load of the students. Teaching of Marxism-Leninism became compulsory, and ideological instruction

for the faculty was organized. The teaching program for each subject was revised by a special committee in order to arrive at an academic curriculum instrumental in promoting the ideological reformation of instruction, to be adopted by all universities. Accordingly the programs stressed material conducive to thinking in terms of dialectic materialism; prevention, Soviet scientific achievements and domestic progressive tradition were placed in the foreground. In keeping with the progress in medical science, teaching of biology, biochemistry, among others, was made compulsory, while the proportion of morphological subjects was decreased.

Table 2.

| | | 1954 | 1959 |
|---|---|---|---|
| Social background of instructors: | | | |
| Worker | | 141 | 268 |
| Working peasant | | 87 | 182 |
| Intellectual | | 538 | 719 |
| White collar worker | | 304 | 386 |
| Other | | 358 | 238 |
| Total | person | 1490 | 1866 |
| | percent | 100.0 | 100.0 |

*Without assistants working in centers

Table 3.

| | Years | | | | |
|---|---|---|---|---|---|
| | 1938 | 1945 | 1950 | 1954 | 1959 |
| Social background of entire student body: | | | | | |
| Worker | 32 | 128 | 780 | 1515 | 2085 |
| Working peasant | 57 | 189 | 548 | 969 | 1025 |
| Intellectual | 513 | 1198 | 614 | 1206 | 1874 |
| White collar worker | 441 | 1418 | 692 | 947 | 957 |
| Other | 124 | 632 | 872 | 605 | 470 |
| X | 281 | 480 | 233 | 100 | 35 |
| Total persons | 1448* | 4045* | 3739* | 5342 | 6446 |

*One to five-year medical students only

The new curriculum called for the increase of laboratory courses, bedside instruction in clinical subjects, and rendered training more pragmatic in general.

The order of attendance and examinations were made uniform. The so-called "eternal medical students" [enrolled for many years without ever completing their studies] were expelled from the universities.

Specialized dentist training was initiated; pharmaceutical schools were incorporated in medical schools; new departments were organized. Subsequent to the introduction of the curriculum reform, the weight of medical subjects in pharmaceutical training increased, and similar measures were applied to bring about ideological and academic discipline, as in medical schools. A new phase of development opened up in 1955 when independent dental and pharmaceutical schools were organized.

The reform created a new foundation for university education. Teaching standards were raised, academic discipline became firmer, and the scholastic training of young physicians became infinitely better than in the pre-liberation era. The entire faculty of the universities participated in the formulation of programs, which rendered inter-university relations stronger; issues could be discussed and examined from a diversity of viewpoints and relations of mutual help between departments were formed.

The effectiveness of the reform was somewhat obstructed by constant modifications, up to 1954. Thus, the nature and temporal scope of training, laboratory schedules and examination types were changed yearly. The excessive academic load of the students was not significantly eased, the standards of Marxism and ideology instruction were unsatisfactory.

The shift in the relationship between the universities and the general health care system may be considered the most decisive step in the achievement of socialistic characteristics in higher health education. Subsequently to the establishment of the independent Ministry of Health, medical schools were separated from the universities of science and became independent universities in their own right; along with pharmaceutical schools they were placed under the direction and supervision of the Ministry of Health. This was the final act in accomplishing the unification of health affairs. Responsibility for health care had been taken over by the State earlier with the liquidation of the insurance companies. The reorganization had resulted in direct and planned training and distribution of cadres according to need.

Democratic centralism replaced the old, feudal-capitalistic principle of autonomy, a doubtful privilege at best. In the beginning, centralism was emphasized. Even at that, the authority of the university leaders became significantly greater than it had been prior to the liberation. In the days of Horthy fascism, VKM [Vallas es Kozoktatasugyi Miniszterium -- Ministry of Religion and Education] approval was required to appoint instructors without pay and even graduate assistants. Today all faculty, up to Associate Professor is appointed by the President of the university. The authority of universities grew in financial matters also. Within the uniform framework of educational principles, the departments retain the right to emphasize certain aspects more than others, based on their own judgment. Universities are invited to participate in planning major ordinances. Lately, the authority of universities was extended in awarding scientific degrees and in the selection of cadres.

Exploiting the existing deficiencies, revisionist and counter-revolutionary elements attempted to eradicate the socialist character of the universities. Their attack was directed mainly against scholastic discipline, against the leading role of the Party, and against the

teaching of ideological subjects and Russian, using the slogan of "academic liberty". It was no coincidence that, as part of their attempt against the unity of health affairs, they singled out for attack the supervision of medical schools by the Ministry of Health, and demanded re-incorporation into universities of science. The counter-revolution caused 31 million forints damage in the Budapest Medical School.

We succeeded in superseding the difficulties, thanks to the Party's guidance. We have been severe with the class enemy, but undertook to convince confused people with unending patience. The small number of students and faculty members to receive disciplinary punishment is ample evidence (35 students, 45 faculty members, 28 other staff), even though universities played an important part in the events of the counter-revolution.

After the counter-revolution, the development of medical schools was considerably accelerated. Allocations for institutional development grew larger each year, regardless of the tremendous financial difficulties caused by the counter-revolution. The pace of modernization of institutes is being speeded up. Buildings damaged during the counter-revolution are not only being repaired, but rebuilt to meet up-to-date requirements. There is enormous progress in the supply of precision instruments, evidenced by the fact that all universities throughout the country are now equipped with electronic microscopes and ultra-centrifugal machines.

The Five-Year Plan calls for large development of medical schools. By the end of the plan period, the following improvements are foreseen: modern quarters for the theoretical institutes of the Medical School of Pecs; construction of a clinical compound of 400 beds, modern buildings added to house the theoretical institutes and new departments of the Medical School of Budapest and Debrecen; a new building to be constructed for the purposes of the First Eye Clinic in Budapest; housing facilities for 800 students to be provided. These major projects indicate the vast scope of the Five-Year program.

The development of higher education in health affairs is indispensable to the solution of the great objectives of health care. The reform of higher education now in the process of preparation needs to include the reform of medical and pharmaceutical training. Along with the modernization of institutes, the need for modernization of the academic programs in certain subjects, for the improvement of teaching methods and ideological instruction arises. The creation of consistent contact with real life is of the utmost urgency. Of eminent importance is the reinforcement of the relationship between the universities and those megye health care agencies which belong in the competence of the universities as far as health care, instruction, and cadre reserves are concerned. Outpatient clinic facilities need to be expanded, and consequently more emphasis is to be placed on training in putpatient care. Hospitals, specialized outpatient clinics, and county public health epidemiological stations will have to be urged to participate in the practical training program.

Students, who have the best possible training in therapeutics, are unfamiliar with, and consequently unappreciative of, nursing care. One of the points of the reform is the assignment of first and second-

year medical students to nursing duty in hospitals for one month in the summer. Student dentists will spend some time as dental assistants.

Marxism-Leninism departments are to be organized in every university. The relationship between the faculty of the Marxism-Leninism departmen and the science departments must be improved and strengthened.

Debates on scholastic programs, texts and notes are to be scheduled regularly in the interest of keeping subject matter current, and also for the purpose of carrying through the principles of dialectic materialism consistently. We have succeeded in securing excellent texts in almost all subjects. In the years to come we must endeavor, along with keeping these texts up to date, to provide sufficient copies.

The reform in the process of preparation has vital bearing on pharmaceutical training. We plan to raise the length of training to five years. Practical training in pharmacies must be put to better advantage. Instruction in biology, biochemistry, pharmacology, toxicology, and industrial technology needs to be added, or extended. Ideological training must be improved.

At this time -- the fifteenth anniversary of our liberation -- in laying the foundations for socialism, we are planning enterprises, the results of which will closely approach in importance the liberation itself. The conditions of the success of these enterprises incubate, among other places, in the universities. The past 15 years did not go by without effect on the old teaching guard. We are often surprised to observe old professionals seeking contact with and offering participation in socialist building; people who were known earlier to be pronouncedly hostile toward our system.

In medical schools, 50 percent of the students and 25 percent of the faculty come from the peasant-worker class. Still, social composition in itself is not all. We may not yet claim, at this time, that the majority of our university graduates are Marxist physicians and pharmacists. The metamorphosis in the philosophy and attitudes of the faculty cannot bring about immediate changes in education. Numerous inconsistencies still prevail in the acceptance of socialist forms. The execution of the medical statutes, designed to accelerate this process, is vitally important, particularly in universities, because of their educational role and because the example given by the universities influences the entire medical profession.

Another, equally important, sector of higher education is represented by postgraduate medical training. Before the liberation, organized postgraduate training did not exist, since capitalist philosophy considers this the private affair of physicians. A decree issued in 1956 by the Council of Ministers regulated the extension training requirements of medical doctors. The decree became the basis for the organization of free, uniformized, regular extension courses to be attended every three to five years by all physicians functioning in that capacity throughout the country; exempt are physicians possessing scientific degrees or holding leading positions in teaching.

Important progress is being made in the field of medical specialization. The theoretical and practical requirements of the specialization examinations have been made more exacting. Despite the initial difficulties engendered by the counter-revolution, postgraduate training has a profound influence. (Table 5 gives a true picture of the progress).

Table 5.

| | Years | | | | |
|---|---|---|---|---|---|
| | 1938 | 1945 | 1950 | 1954 | 1959 |
| Medical extension training | | | | | |
| Number of physicians possessing specialized training | . | 109 | 269 | 759 | 574 |
| Number of specialists | . | . | . | . | 9176 |
| Number of physicians participating in extension training | . | . | . | . | 2215 |

Our future task lies in the direction of providing better extension training opportunities for physicians engaged in leading positions in hospitals and outpatient clinics. This is to be worked primarily through the expansion of the Institute of Medical Extension Training. More physicians need to be drawn into training and their ideological preparedness needs to be improved.

There are five basic principles in socialistic health affairs: 1. the preventive trend; 2. free, highly qualified medical care for everybody; 3.unity of health care services; 4. class character of health care services; and 5. self-help of the masses. If these principles are carried through without fail in the institutions of higher medical education, the construction of socialism in the field of health affairs will be considered accomplished.

II.

During the 15 years since the liberation, radical changes, comparable to those in higher education, occurred in secondary health education. Prior to the liberation, there was no organized, uniformized secondary health education to speak of, excepting midwife and health nurse training. General and pediatric nurse training courses were sponsored by community organizations, mainly religious orders, offering training on a satisfactory level, but for a very limited number of persons. Many health workers had only a brief training course to complement their practical experience. As a result of the low quality of their training and services, nurses lacked status and were paid low salaries. Authority on the secondary level was also disunited. While midwife training belonged under the VKM, nursing courses were authorized by the Ministry of the Interior. For some time after the liberation no important changes were introduced in this field.

It was the Trade Union of Medical and Health Workers in 1945 th initiated the uniformization on the community level, and in secondary education and nurse training. Nursing schools were placed under the supervision of the Ministry of Welfare in 1946, while all special training came to be supervised by the Ministry of Health by 1949.

Upon the extension of social insurance and development of its institutions, the shortage in qualified cadres became so great that student nurses had to be placed in actual employment after six, eight, and later ten months of schooling, to complete their training on the job.

Due to the variety of needs in the health service field, a large number of different special training courses had to be launched, resulting in disorganization and poor teaching.

Despite the many difficulties, up to the time of the counter-revolution there were five two-year training courses initiated: general nursing, pediatric nursing, midwife, health nursing and, starting 1957, public health-epidemiological inspector training. The medical assistant training offered at the secondary level turned out to be unsuited to the health conditions existing in this country and therefore had been reorganized to offer public health-epidemiological inspector training. Due to the acute shortage in qualified nursery help, the one-year schools need to be continued, while combined training for pediatric nurses and nursery workers is being offered in the two-year schools.

The enormous demand for cadres, stemming from the rapid growth of health service institutions, warrants continued on-the-job training in the majority of the specialized health service fields.

Temporary physical therapist training courses had to be initiated on account of the repeated Heine-Medin (poliomyelitis) epidemics occurring after the counter-revolution. Regular schools for laboratory assistants and dietitians were opened.

Persons having some type of health training may obtain surgical assistant qualifications through specialized extension training; admission to X-ray technician courses is available only to persons with some experience in health work.

Pharmacy technician training was initiated on a planned basis after the counter-revolution, filling a gap of long duration. Another important step forward was made by organizing lower grade training courses for surgical attendants and dissectors.

Our oldest schools for general and pediatric nursing celebrated their tenth anniversary recently. During this period the national school network had been built up, with enthusiastic staffs to assume the difficult part of pioneers, which they successfully accomplished by their devoted efforts. Tables 6 and 7 indicate the development of schools.

There are texts of high standards available in all the major subjects and there are adequate notes for the minor subjects. It has now become possible to give intensive attention to problems of quality as well as quantity.

Our next task is to make adjustments to secondary training requirements through consistent supervision of the academic programs, texts and notes, using the practical experiences gleaned so far.

Table 6.

| | Years | | |
|---|---|---|---|
| | 1952 | 1954 | 1959 |
| Number of schools for specialized health work, permanent type: | 26 | 30 | 50 |
| Of these | | | |
| General nursing schools | 10 | 8 | 20 |
| Pediatric nursing schools | 2 | 10 | 15 |
| Nursery worker training | 6 | 2 | 3 |
| Health nurse schools | 2 | 3 | 2 |
| Midwife schools | 6 | 6 | 6 |
| Public health-epidemiological inspector training | - | 1* | 1 |
| Lab. assistant schools | - | - | 1 |
| Dietitian schools | - | - | 1 |
| Physical therapist schools | - | - | 1 |
| Number of all faculty (as principal employment, in permanent schools) | . | 136 | 201 |

*Medical assistant school, from 1957 public health-epidemiological inspector training

Table 7.

| | years | | |
|---|---|---|---|
| | 1951 | 1954 | 1959 |
| Entire enrollment | 1719 | 3531 | 3138 |
| Proportion of student with HS diplomas | . | 16.7 | 36.4 |
| Enrollment according to specialization: | | | |
| General nurse (resident & day) | 851 | 613 | 946 |
| General nurse (on-the-job) | . | 817 | 720 |
| Pediatric nurse (resident & day) | 40 | 306 | 359 |
| Pediatric nurse (on-the-job) | . | 162 | 200 |
| Nursery worker (resident & day) | 341 | 301 | 162 |
| Nursery worker (on-the-job) | . | 496 | 220 |
| Health nurse (resident) | 316 | 480 | 145 |
| Midwife (resident) | 171 | 225 | 160 |
| Public health-epidemiological inspector | - | 131* | 40 |
| Lab. assistant | - | - | 90 |
| Dietitian | - | - | 46 |
| Physical therapist | - | - | 50 |

*Medical assistant training school, from 1957 offering training for public health-epidemiological inspector

Planned, regular extension training, primarily in the field of pedagogy, has been initiated. The authority and responsibility of physicians was much enhanced by attaching the schools to hospitals through the professional superintendence system. Extension training for nurses is still feasible only through community resources, through the unions; this state of affairs must be blamed on the multitude of tasks we are faced with.

We might say that the foundations of secondary health education have been laid, but that there is still much to be done in this respect. Many of the schools lack modern accommodations; enrollment needs to be increased to meet growing demands. During the current Five-Year Plan period, four schools are being built in various locations, with capacities for 200 students. The standards of training need to be raised by the increasingly adopted requirement of high school diplomas on the one hand and on the other by raising the length of on-the-job training, in order to compare favorably with institutional training.

We must wager an incessant battle against drop-outs, which reaches high proportions in nurse training. To this end, there is need for further enhancement of the status of nurses in society as expressed, among other things, in the monetary reward. This may be expected by them in all fairness, as a tribute to their professional excellence and to the tremendous importance of their role in the health care services. Large numbers of trained health workers are needed today to assist in medical work, not merely as a result of the increased qualitative requirements of nursing, but also because there was a sudden increase in the proportion of supervision and preventive activities in the territorial health network. The employment of district nurses and qualified public health-epidemiological inspectors represents invaluable help to the district and hygienic physician, and their activities are of great significance in the development of health care services.

The increase in the pace and quality of secondary training for health service jobs is of decisive importance; for, among other things, it enables us to put the work of medical graduates to better advantage.

The scope of our 15-year development is indicated by the consideration that our problems as outlined above would have been looked upon as mere boasting in the pre-liberation period. At that time, secondary health education was a problem of infinitesimal importance, hardly given thought to by physicians, while today the objective is establishment of the closest relationship between secondary and higher health education. The manual labor required prior to admission to universities is being completed by many young people in health institutions. Frequently, young physicians have obtained training in nursing, health nursing or other health service qualifications previous to taking up medicine. Many young pharmacists worked formerly as pharmacy technicians. The greatest achievement of the 15-year development of our health care services may be seen in the fact that, in addition to the objective of reinforcing the relationship between secondary and higher health education, we endeavor to utilize the experience of day-to-day practical work in the educational curriculum, thereby safeguarding the unity of theory and practice in the institutions of health education.

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